



## **Georgia Department of Banking and Finance**

### **APPLICATION AND INSTRUCTIONS**

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**Business of Transmitting Money or Selling/Issuing  
Checks, Money Orders, and Other Payment  
Instruments in Georgia**

### **APPLICATION FOR GEORGIA SALE OF CHECK OR MONEY TRANSMISSION LICENSE**



**JANUARY 2010**

# SALE OF CHECK OR MONEY TRANSMISSION LICENSE APPLICATION CHECKLIST

- ☐ Include your certified check or money order made payable to the Department of Banking and Finance for the application/investigation fee. The license application fee is \$2,000. A \$250.00 investigation fee must be paid and is non-refundable.
- ☐ Complete **ALL** sections of the application and supplemental information OR indicate if an item is ***not applicable***.
- ☐ Sign and date the application where required.
- ☐ Provide a statement of fees you will charge to transmit money or to sell checks and money orders.
- ☐ Provide list of products and services provided by your business as principal or agent.
- ☐ Provide the listing of Georgia agents. Electronic submission of agents preferred. See instructions on Pg. vii.
- ☐ Provide a list of the states in which you are currently licensed as a money transmission or sale of check company.
- ☐ Provide the name and address of your agent for service in Georgia (must be an entity or person located in Georgia).
- ☐ Submit all required forms for each Director, Officer, Manager, and Owner of 10% (percent) or more:
  - ▶ Biographical Statement & Consent Form (MSB3)
  - ▶ Independent Credit Report
  - ▶ Fingerprint cards (\$40 fee required to process per person)
- ☐ Provide a copy of the Certificate of Authority to do business in Georgia (where applicable) from the Georgia Secretary of State (<http://www.sos.state.ga.us/corporations/>). A copy of the business license(s) from the city or county where you have Georgia business locations (if required).
- ☐ Provide a copy of your Certificate of Incorporation or Partnership Agreement (where applicable).
- ☐ Provide a copy of Statement of Assets and Liabilities and Statement of Profits and Loss for the most recently completed year, OR a copy of the latest income tax return for an existing business. If this is a new company, a pro-forma financial statement must be submitted.
- ☐ Provide a current, valid **E-Mail Address**. Department communications regarding your license/registration are disseminated via e-mail.

**Please note that the Department cannot begin processing your application until we have received a completed application, along with the filing fee required.**

- **If we find that your application is incomplete, it will be returned to you for completion.**
- **If your application is found to be complete, it should be processed within 30 business days of receipt.**



*Georgia Department of Banking & Finance*  
*2990 Brandywine Road, Suite 200*  
*Atlanta, GA 30341*  
<http://www.gadbf.org>

**Application for License to engage in the business of Transmitting Money or Selling/Issuing Checks, Money Orders, and other Payment Instruments in Georgia**

Please find enclosed an Application for Sale of Check or Money Transmission License including:

- Application Forms
- List of Supplemental Information Requested for each Type of License
- Biographical Statement & Consent Form (MSB3)
- Fingerprint Card Request Information

Persons seeking a license to engage in the business of selling/issuing checks or transmitting money should complete the applicable sections of the application form and all supplemental information as it applies to the license being applied for. All forms may be reproduced as needed. Attach supplemental sheets wherever the application form does not provide sufficient space to fully respond to the information requested on the Supplemental Information pages. **NOTE: Sellers of Checks may transmit money under the "Sale of Check" license. Money Transmitters may not issue checks without obtaining an upgrade to their license.**

Official Code of Georgia Section 7-1-70 provides for the limited confidential treatment of information contained in your application. The Department will disclose the fact of an application in its monthly bulletin giving the name of the applicant and upon request will disclose the name address and telephone number of the designated contact person. Content of the application may be obtained through proper subpoena of a court of law; however, it is the policy of the Department to seek a protective order limiting access and disclosure under such circumstances.

Applicants should file one copy of the application and all attachments bearing original signatures with the Department, along with a money order or certified check payable to the Department of Banking and Finance in payment of the \$2,000 Application Fee and a \$250 non-refundable Investigation Fee for a Sale of Check or Money Transmission License. There is an additional fee for processing fingerprint cards. The Application will be reviewed for sufficiency and the applicant notified if additional information is needed. Completed applications will normally be acted upon within 60 days.

If you have any questions regarding the foregoing or the material contained herein, please feel free to contact this office at (770) 986-1639.



# NOTICE OF REQUIRED BACKGROUND CHECKS & AGENT/EMPLOYEE INVESTIGATIONS

## **Addendum to Instructions for a Sale of Check or Money Transmission License**

### **Background Checks – Agent & Employee Investigations**

All Georgia Sale of Check/Money Transmission Applicants are required to obtain background checks on all agents and employees as a condition of employment with the applicant. Further clarification regarding “agent” background checks required is contained herein.

The background check must be done through the Georgia Crime Information Center (GCIC) **and** similar state law enforcement authority in the applicant’s home state if home state is not Georgia. In order to properly complete a comprehensive check, the background check authorization form **must** include all five significant identifying pieces of information on which to base the investigation: Full Name, Complete Address, Social Security Number, Date of Birth, Sex, and Race. **DO NOT** limit your search to “Felon Only”, and do not limit the number of years being reviewed (i.e. do not limit review to only 7 or 10 years. Review must cover lifetime of individual after age 18.) A copy of the background check authorization form is included in this application package. **(Note that no licensee may employ a felon working for the company in any state and maintain this Georgia license.)**

Background Checks should be performed ***prior to the initial date of hire***. Those checks which are returned that indicate that the data is incomplete or which indicate that the individual is a multi-source offender require that the employer submit fingerprint cards on that employee to the Department for further investigation. Information regarding obtaining and processing fingerprint cards is included in this application package, and cards can be requested on-line at:

<https://bkgfin.dbf.state.ga.us/MSBFPCards.html>

Please note, however, that the Department conducts complete background checks on all individuals shown in **the initial application**. Please follow these application instructions for obtaining a new license regarding background checks and fingerprint cards required to properly complete your application for a license. **Requests for fingerprint cards MUST be made before submission of the application so that the completed cards can be submitted with the application.**

The abbreviated code sections on the following page are provided for your convenience. A copy of the complete Regulations, Laws, and Administrative Policies Governing the Sale and Issuance of Checks, Cashing of Checks, and Money Transmission in the State of Georgia (Articles 4, 9 & 11) is available on the Department’s website.

## **Background Checks – Agent & Employee Investigations (Continued)**

### **7-1-682. Qualifications of licensees; investments required; obtaining conviction data. [Sections (c) through (e) covering background checks.]**

(c) The department shall not issue such license or may revoke a license if it finds that the applicant or licensee, any person who is a director, officer, partner, agent, employee, or ultimate equitable owner of 10 percent or more of the applicant or licensee, or any individual who directs the affairs or establishes policy for the applicant or licensee has been convicted of a felony involving moral turpitude in any jurisdiction or of a crime which, if committed within this state, would constitute a felony involving moral turpitude under the laws of this state. For the purposes of this article, a person shall be deemed to have been convicted of a crime if such person shall have pleaded guilty to a charge thereof before a court or federal magistrate or shall have been found guilty thereof by the decision or judgment of a court or federal magistrate or by the verdict of a jury, irrespective of the pronouncement of sentence or the suspension thereof, unless such plea of guilty or such decision, judgment, or verdict shall have been set aside, reversed, or otherwise abrogated by lawful judicial process, and regardless of whether first offender treatment without adjudication of guilt pursuant to the charge was entered, unless and until such plea of guilty or such decision, judgment, or verdict, shall have been set aside, reversed, or otherwise abrogated by lawful judicial process or until probation, sentence, or both probation and sentence of a first offender have been successfully completed and documented or unless the person convicted of the crime shall have received a pardon therefore from the President of the United States or the governor or other pardoning authority in the jurisdiction where the conviction was had, or shall have received an official certification or pardon granted by the State Board of Pardons and Paroles which removes the legal disabilities resulting from such conviction and restores civil and political rights in this state.

(d) The department shall be authorized to obtain conviction data with respect to any applicant or any person who is a director, officer, partner, agent, employee, or ultimate equitable owner of 10 percent or more of the applicant or licensee or any individual who directs the affairs or establishes policy for the applicant or licensee. Upon receipt of information from the Georgia Crime Information Center that is incomplete or that indicates an applicant or any person who is director, officer, partner, agent, employee, or ultimate equitable owner of 10 percent or more of the applicant or licensee or any individual who directs the affairs or establishes policy for the applicant or licensee has a criminal record in a state other than Georgia, the department shall submit to the Georgia Crime Information Center two complete sets of fingerprints of such applicant or such person, the required records search fees, and such other information as may be required. Fees for background checks that the department administers shall be submitted to the department by applicants and licensees together with two completed sets of fingerprint cards. Upon receipt thereof, the Georgia Crime Information Center shall promptly transmit one set of fingerprints to the Federal Bureau of Investigation for a search of bureau records and an appropriate report and shall retain the other set and promptly conduct a search of its own records and records to which it has access. The Georgia Crime Information Center shall notify the department in writing of any derogatory finding, including, but not limited to, any conviction data regarding the fingerprint records check, or if there is no such finding. All conviction data received by the department shall be used by the department for the exclusive purpose of carrying out its responsibilities under this article, shall not be a public record, shall be privileged, and shall not be disclosed to any other person or agency except to any person or agency which otherwise has a legal right to inspect the file. All such records shall be maintained by the department pursuant to laws regarding such records and the rules and regulations of the Federal Bureau of Investigation and the Georgia Crime Information Center, as applicable. As used in this subsection, "conviction data" means a record of a finding, verdict, or plea of guilty or a plea of nolo contendere with regard to any crime, regardless of whether an appeal of the conviction has been sought.

### **Background Checks – Agent & Employee Investigations (Continued)**

(e) Every applicant and licensee shall be authorized and required to obtain and maintain the results of background checks on employees and agents working in or for the applicant or licensee. Such background checks shall be handled by the Georgia Crime Information Center pursuant to Code Section 35-3-34 and the rules and regulations of the Georgia Crime Information Center. Applicants and licensees shall be responsible for any applicable fees charged by the Georgia Crime Information Center. An applicant or licensee shall only employ a person whose background data has been checked and been found to be satisfactory prior to the initial date of hire. This provision does not apply to directors, officers, partners, agents, or ultimate equitable owners of 10 percent or more or to persons who direct the company's affairs or establish policy, whose background must have been investigated through the department before taking office, beginning employment, or securing ownership. Upon receipt of information from the Georgia Crime Information Center that is incomplete or that indicates an employee has a criminal record in any state other than Georgia, the employer shall submit to the department two complete sets of fingerprints of such person, together with the applicable fees and any other required information. The department shall then submit such fingerprints as provided in subsection (d) of this Code section.

### **IMPORTANT NOTICE**

**Fingerprint cards are processed through both the Georgia and Federal crime information centers. Although every effort will be made to process your application as quickly as possible, processing time for your application is affected by this processing of fingerprint cards through these systems. Therefore application processing time may extend from 6 to 8 weeks.**



**GEORGIA DEPARTMENT OF BANKING AND FINANCE**  
**2990 Brandywine Road, Suite 200**  
**Atlanta, Georgia 30341-5565**  
**Phone: 770-986-1652**

**INSTRUCTIONS FOR COMPLETING FINGERPRINT CARDS**

**TWO COMPLETE SETS OF FINGERPRINTS ARE REQUIRED FOR EACH INDIVIDUAL LISTED IN THE APPLICATION (2 CARDS): Both cards must be completed & returned with the application.**

Please provide all information requested. **Type or print in BLACK:**

- Sign the cards
- Provide address of person being fingerprinted.
- Date of fingerprinting.
- Signature/Authorization **of law enforcement personnel** performing fingerprinting.
- Name and address of employer.
- Reason for fingerprint (if not pre-stamped):

**O.C.G.A. 7-1-682**

**Money Service Business License**

- Enter name of person being fingerprinted and any **aliases**.
- Enter citizenship information.
- Enter Armed Forces Number and/or **Social Security Number**.
- **ORI** information is preprinted on the card.
- Enter date of birth.
- Fill in blanks for sex, race, height, weight, color of eyes, color of hair, and place of birth.
- Enclose **SEPARATE Money Order or Certified Check** made payable to:

**Georgia Department of Banking and Finance**

**Amount - \$40.00 per SET of fingerprints (2 cards in a set, \$20 per card)**

**Determine the following to ensure that cards are acceptable by both GBI and FBI:**

- ▶ Prints are not too light or too dark;
- ▶ Prints are not smudged;
- ▶ Each print **MUST** be **INSIDE** the blue box for that print and not touch or cross the blue box lines.

**TAKE CARDS IN  
BLANK TO  
POLICE  
DEPARTMENT  
AND COMPLETE  
IDENTIFIER  
INFORMATION  
THERE**

**TO OBTAIN FINGERPRINT CARDS**

**Fingerprint cards must be requested ON\_LINE at:**  
<https://bkgfin.dbf.state.ga.us/MSBFPCards.html>

**MONEY SERVICES BUSINESSES  
POLICY STATEMENT REGARDING  
SCOPE OF PERSONS COVERED BY “AGENTS” AT RULE 80-3-1-.07(2)(e)**

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**Purpose:**

Based upon questions received in response to the Department of Banking and Finance’s (Department) Final Regulations adopted August 14, 2007, this Policy Statement provides a Department definition for the term “agents” for purposes of Rule 80-3-1-.07(2)(e).

**Background:**

O.C.G.A. Section 7-1-682(e) in pertinent part provides as follows:

“(e) Every applicant and licensee shall be authorized and required to obtain and maintain the results of background checks on employees and agents working in or for the applicant or licensee...”

The Department of Banking and Finance Final Regulations adopted on August 14, 2007, attempted to clarify the scope of persons covered by the requirement and the resulting fine for failure to obtain such background checks. Based upon numerous requests for further clarity, the Department has adopted the following definition of “agents” for purposes of Rule 80-3-1-.07(2)(e). The Department has provided such definition to its Money Services Businesses Examiners and has posted this Policy Statement to the Department’s website information.

**Definition:**

For purposes of Rule 80-3-1-.07(2)(e) only, the Department shall define “agents” as those individuals with a ten percent (10%) or more ownership interest in the outlet through which the checks or money orders are sold under an agreement with the Licensee and those sales outlets that provide money transmission on behalf of a money transmitter on a contractual basis.





## **DISCUSSION OF DEPARTMENT'S FIELD NAMES AND DESCRIPTIONS**

Licensees are currently required to submit to the Department an initial list of agents with their application, and within 60 days from the end of each semi-annual calendar period, a report that indicates the total number of its Georgia agents and the Georgia average daily outstanding balances of checks or orders to pay for that period. Please see Department ***Rule 80-3-1-.01 (2) (c) (Check Sellers and Money Transmitters: Exemptions and Requirements) requiring electronic submission of agent lists for licensed check sellers and money transmitters.*** This electronic requirement facilitates information sharing between the Department, the IRS and FinCEN.

The purpose of this information is to provide the applicant with the recommended file format for the initial electronic submission of its agents' list in order for the Department to capture the data. Initially, the Department will need to capture the list of all of your current agents from the electronic list. To submit initial list electronically, use the format information noted below. For future semi-annual required agent reports, you will login to the Department's website and add and delete agents from there. No future diskette/electronic lists after the initial submission will be accepted – only on-line reporting by the licensee will be permitted. This same website is also used to report average outstanding balances for the period. Information concerning the website, login user ID, and password will be sent to you at reporting time.

The table below shows the data field names the Department will utilize for capturing this agent data and the descriptions of the contents of those fields of data. **If possible, the Department would ask that you submit either an Excel file or an ASCII text file.** We recognize that some licensees' systems may not be able to produce an electronic file in the exact format we are requesting and that you may not capture all fields of data we are recommending. Please note that we will work with you to determine the best method of reporting this data to us. Any fields of data that you do not capture (such as e-mail address, title, etc.) should be left blank in the data file. Please use the attached sample file format.

**We understand that your field names will not be named exactly the same as ours, but it is important that the order of the fields be the same as the recommended file format so we can import this data easily into our database.**

<b>Field Name</b>	<b>Field Description</b>
<b>AGENTID</b>	This field of data will identify the agent and will be an idnum assigned <i>by the licensee</i> . It may be a combination of numbers and letters.
<b>AGENTNAME</b>	This should be the name of the agent that the MSB has authorized to sell or distribute its MSB services. This may generally be a company name. (i.e. Kroger, OneStop Shop, etc.)
<b>AGENTCONTACTNAME</b>	The full name of the agent's primary contact person.
<b>AGENTCONTACTTITLE</b>	The title of the agent's primary contact person.
<b>AGENTCONTACTEMAIL</b>	The e-mail address of this agent's primary contact person.
<b>AGENTADDRESS1</b>	The agent's physical street address.
<b>AGENTADDRESS2</b>	This will continue the physical address if needed (i.e., suite #, room #, etc.).
<b>AGENTADDRESS3</b>	This will continue the physical address if needed (i.e., suite #, room #, etc.).
<b>AGENTCITY</b>	The city where the agent's physical address is located.
<b>AGENTST</b>	This should be the State Code, which is GA for the purposes of this report.
<b>AGENTZIP</b>	The zip code for the agent's physical address.
<b>AGENTBEGINBUS</b>	This field will indicate when the agent became an agent of the licensee - an opening date or begin business date.
<b>AGENTCLOSED</b>	If applicable, this field will indicate the date the agent was closed by the licensee or closed voluntarily.
<b>AGENTPHONE</b>	The agent's phone number for the primary contact.

### ***SUBMITTING ELECTRONIC FILES TO THE DEPARTMENT***

You may submit your electronic agent list in Excel® (including the fields of data) to the Department by e-mail to [dbfmort@dbf.state.ga.us](mailto:dbfmort@dbf.state.ga.us) or burn the file to a CD-ROM and mail it to the Department to the attention of:

**Teresa Koepfel**, Administrative Examiner  
[tkoepfel@dbf.state.ga.us](mailto:tkoepfel@dbf.state.ga.us)  
770-986-1639

## **APPLICATION FOR GEORGIA SALE OF CHECK OR MONEY TRANSMISSION LICENSE**

(Please print or type clearly)

Application is hereby made for a license to engage in the business of either Selling/Issuing Checks or Money Transmission as principal. If you are presently an agent for another company, please indicate name of company in the applicable section below\*.

Legal Name of Applicant: \_\_\_\_\_

(Name of individual, partnership or corporation)

Trade Name (D/B/A): \_\_\_\_\_

Main Office Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

Federal Taxpayer Identification Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address of Contact Person: \_\_\_\_\_

Location of Books and Records: \_\_\_\_\_

Internet Website(s): \_\_\_\_\_

### **■ Type of business activities to be conducted in Georgia: (as principal):**

Sale of Checks/Payment Instruments:	<input type="checkbox"/>	Money Transmission:	<input type="checkbox"/>	Check Cashing:	<input type="checkbox"/>
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\*If you perform any of the above activities as an agent for another company, please list the activity and the company(ie)'s name(s):


### **■ Type of Money Transmission/ Payment Instruments to be sold/issued (mark all that apply):**

Checks	<input type="checkbox"/>	Traveler's checks	<input type="checkbox"/>	Wire Transfers	<input type="checkbox"/>
Stored Value	<input type="checkbox"/>	Other (Explain)	<input type="checkbox"/>	Drafts	<input type="checkbox"/>

### **■ Money transmission sales are conducted through (mark all that apply):**

Company Owned Outlets/Branches	<input type="checkbox"/>	Subsidiaries or Affiliate	<input type="checkbox"/>
Independent Authorized Agents	<input type="checkbox"/>	Other (Explain)	<input type="checkbox"/>

# **Application For Georgia Sale Of Check Or Money Transmission License**

■ **Name and Residence Address of Owners, Directors, Officer, & Ultimate Equitable Owners of 10% or more** (Attach additional sheets if necessary)

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<b>Name:</b>	_____	<b>Title:</b>	_____
<b>Address:</b>	_____	<b>% Owned:</b>	_____
	_____	<b>SSN#:</b>	_____

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<b>Name:</b>	_____	<b>Title:</b>	_____
<b>Address:</b>	_____	<b>% Owned:</b>	_____
	_____	<b>SSN#:</b>	_____

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<b>Name:</b>	_____	<b>Title:</b>	_____
<b>Address:</b>	_____	<b>% Owned:</b>	_____
	_____	<b>SSN#:</b>	_____

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<b>Name:</b>	_____	<b>Title:</b>	_____
<b>Address:</b>	_____	<b>% Owned:</b>	_____
	_____	<b>SSN#:</b>	_____

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<b>Name:</b>	_____	<b>Title:</b>	_____
<b>Address:</b>	_____	<b>% Owned:</b>	_____
	_____	<b>SSN#:</b>	_____

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<b>Name:</b>	_____	<b>Title:</b>	_____
<b>Address:</b>	_____	<b>% Owned:</b>	_____
	_____	<b>SSN#:</b>	_____

## **Application For Georgia Sale Of Check Or Money Transmission License**

**ALSO REFER TO THE ATTACHED LIST OF SUPPLEMENTAL INFORMATION REQUIRED.**

- Is the applicant or any officer, director, owner, ultimate equitable owner of 10% or more, or employee of the applicant or any other business interest of such persons now or have they previously been licensed to engage in the business of selling checks or transmitting money in any other state either directly or as the agent for a licensee?

( ) No ( ) Yes

*If yes, attach a statement giving full details including reasons for any termination and financial status of relationship at time of termination.*

- Has the applicant or any officer, director, owner, ultimate equitable owner of 10% or more, or employee of the applicant or any other business interest of such persons ever been denied a license to engage in the business of selling checks or transmitting money directly or as an agent of another?

( ) No ( ) Yes

*If yes, attach a statement giving full details.*

- **Litigation:** Has the applicant, any officer, director, owner, ultimate equitable owner of 10% or more, or affiliate been involved in any criminal and/or civil litigation for the 10-year period prior to this application?

( ) No ( ) Yes

*If yes, please provide full details including final disposition on a separate sheet.*

- The following persons are currently employed by the applicant in a management capacity in addition to those persons listed on Page 1.

FULL LEGAL NAME	POSITION	SOCIAL SECURITY #

- List Georgia locations. Attach additional sheets if necessary.

STREET ADDRESS	CITY	COUNTY	ZIP	TELEPHONE

- **Depository Institutions with which accounts are maintained.**

\*Type of Account: (1) Check/Money Order Clearing (2) General Operating (3) Money Transmission (4) Other

NAME OF INSTITUTION	BRANCH LOCATION	ACCOUNT NUMBER	TYPE*

# **Application For Georgia Sale Of Check Or Money Transmission License**

## **SIGNATURE AND OATH OF APPLICANTS**

I hereby swear or affirm that the information contained herein and attachments hereto is true and correct to the best of my knowledge. Further, the provisions of Official Code of Georgia Annotated Section 7-1, Article 4 and Regulation Chapter 80-3-1 promulgated by the Department in furtherance of such Code provisions have been reviewed by the principals of the applicant as listed herein and all employees of the applicant will be made aware of such laws and regulations and changes enacted hereafter. It is the purpose of this application to induce the Georgia Department of Banking and Finance, its officials and examiners to grant a license to engage in the business of transmitting money or selling/issuing checks, drafts, money orders, and other payment instruments and any false statement omission of material information in connection with this application shall be punished as provided by law.

### **CORPORATE SEAL**

\_\_\_\_\_  
**Signature of applicant or Authorized Corporate Official**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Attest**

\_\_\_\_\_  
**Title**

All Individual and corporate signatures without the corporate seal require notarization:

State of \_\_\_\_\_

County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a notary public in and for said county, personally appeared:

known to me to be the person(s) named in, and who executed the foregoing application and made oath that the statements and representations set forth therein are true to the best of his/her/their knowledge and belief.

### **NOTARY SEAL**

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**County**

\_\_\_\_\_  
**My Commission Expires**

## SUPPLEMENTAL INFORMATION

The following information is to be provided for money transmission and sale of check applicants. Additional information may be requested following initial review of the application.

### SALE OF CHECK/PAYMENT INSTRUMENT APPLICANTS:

1. Sale of Check Surety Bond requirement is:
  - ✓ \$100,000.00 minimum for the license, which includes first Georgia location, plus \$5,000.00 for each additional location (\$250,000.00 maximum based on locations), and
  - ✓ \$1,500,000.00 maximum bond required based upon Average Daily Balances Outstanding.
2. Submit specimen copies of the checks or payment instruments to be sold.
3. Enclose corporate or company policy regarding the temporary investment of check sales proceeds pending presentment of items for payment.

### MONEY TRANSMITTER APPLICANTS:

1. Money Transmitter Surety Bond requirement is:
  - ✓ \$50,000.00 minimum for the license, which includes first Georgia location, plus \$5,000.00 for each additional location (\$250,000.00 maximum based on locations), and
  - ✓ \$1,500,000.00 maximum bond based upon Average Daily Orders to Transmit Not Yet Paid.
2. Sample copy (specimen in English) of the written receipt or other evidence of acceptance of the money transmittal order showing the name of the licensee (or trade name of the licensee as registered with the department), agent identifier information, the date the order was placed, the dollar amount of the transmission order, and the fee charged.

### REQUIRED FOR ALL APPLICANTS:

1. In accordance with the USA Patriot Act of 2001 and the Department of Treasury's Title 31 CFR Part 103, pertaining to anti-money laundering programs for MSBs, each applicant must be aware of the requirements of the law. If you are already in business as a money transmitter:
  - Provide a copy of your registration with FinCEN/IRS as an MSB.
  - Provide a copy of your anti-money laundering/BSA compliance program. If you are not already in business, you must develop these programs prior to issuance of a license by this Department.
2. A copy of Articles of Incorporation and Bylaws for corporations. For other types of organizational structures (i.e., partnerships, associations, LLCs, etc.), please provide a copy of the forming/incorporating agreements or document.
3. A copy of Statement of Assets and Liabilities and Statement of Profits and Loss prepared by Independent Accountants for the most recently completed Fiscal Year/Calendar Year. If this is a new company, a proforma financial statement must be submitted. Applicants for a Money Transmitter License may submit a copy of the latest income tax return for an existing business operated by the applicant in lieu of the Independent Accountant statements. Information requested should also be provided for any corporation owning more than a 10% interest in the applicant.
4. If incorporated in a state other than Georgia, submit evidence that the corporation has qualified to do business in Georgia, and give name and address of agent for service (Agent MUST be located in Georgia).
5. Is the applicant or any of its affiliates engaged in the money transmission or sale/issuance of check business in any other state? ( ) Yes ( ) No *If yes, provide the following information: Name of state, Name and address of the agency issuing a license, Name of licensee, Type of license, and Date licensed.*
6. Each Director, Officer, Partner, or Ultimate Equitable Owner of 10% or more of the applicant, must complete the following and submit with the application:
  - Biographical Statement & Consent Form (MSB3)
  - Independent Credit Report
7. Provide a statement of fees to be charged for transmitting money and selling checks/payment instruments, and the list of authorized agents in Georgia. Provide copy of authorized agent contract and compensation agreement. (Pg 6)
8. Provide a complete listing of all products and services provided through locations in Georgia. (Pg 6)
9. Submit Form **MSB4: Non-US Citizen Supplement Form**, if applicable (see attached).

## SUPPLEMENTAL INFORMATION

■ **For Item 7** - Statement of fees to be charged for transmitting money and selling checks/payment instruments, and a list of authorized agents in Georgia. Provide copy of authorized agent contract and compensation agreement. **(Indicated Dollar Amount and/or % Of Transaction Amount):**

▶ Money Transmission Fees:

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▶ Fees for Money Orders/Payment Instruments:

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▶ Describe agent approval and monitoring process:

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■ **For Item 8** - List products and services provided through locations in Georgia. Use additional sheets if required.

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# SAMPLE PRO-FORMA BALANCE SHEET

## ASSETS

- (1) Cash on Hand \_\_\_\_\_  
Cash in Bank \_\_\_\_\_  
Savings Accounts \_\_\_\_\_  
Certificates of Deposit \_\_\_\_\_
- (2) Merchandise & Inventory (*at cost*) \_\_\_\_\_
- (3) Accounts Receivable \_\_\_\_\_  
(*includes loans & notes due from others*)
- (4) Real Estate & Other Fixed Assets \_\_\_\_\_  
(*at current market value*)
- (5) Marketable Securities (*at current market value*) \_\_\_\_\_
- (6) All Other Assets \_\_\_\_\_

**TOTAL ASSETS** \_\_\_\_\_

## LIABILITIES & NET WORTH

- (7) Accounts Payable (*for merchandise*) \_\_\_\_\_
- (8) Notes Payable to Bank & Others \_\_\_\_\_  
(*includes loans from banks, friends, family*)
- (9) Real Estate Mortgages Payable \_\_\_\_\_
- (10) All Other Accounts Payable \_\_\_\_\_

**TOTAL LIABILITIES** \_\_\_\_\_

**NET WORTH** \_\_\_\_\_

(*The difference between Total Assets and  
Total Liabilities*)

**TOTAL LIABILITIES AND NET  
WORTH** \_\_\_\_\_



<b>MSB3</b>	<b>BIOGRAPHICAL STATEMENT &amp; CONSENT FORM</b> <b>SALE OF CHECKS/MONEY TRANSMISSION APPLICANTS</b>						<b>Date of filing</b>
Name of Applicant Company _____							
License Number information. Use additional sheets if necessary.		License #	State	License #	State	License #	State
<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> AMENDMENT <i>To amend, circle or identify items being amended.</i>							
<b>1. Individual's identifying information:</b>							
(A) Full last, first and middle names:							
_____		_____		_____		_____	
Last Name		First Name		Full Middle Name		Suffix (if any)	
(B) Social Security Number: _____ (C) Gender: _____							
(D) Date of Birth (MM/DD/YYYY)		(E) State/Province of Birth:			(F) Country of Birth:		
(G) List all names(s), other than your legal name, you have used or are using, or by which you are or were known since the age of 18. This field should include for example, nicknames, aliases, and names used before or after marriage. (Use additional sheets as necessary).							
Name		Name		Name		Name	
(H) <b>For amendments only:</b> If this filing reports that an individual's name has changed, enter the new name and attach supporting legal documentation:							
_____		_____		_____		_____	
Last Name		First Name		Full Middle Name		Suffix (if any)	
(I) Employer Name (Seller of Checks/Money Transmitter): _____							
(J) Office of Employment address: (do not use a P.O. Box) <input type="checkbox"/> If this address is your private residence, check this box.							
_____		_____		_____		_____	
Number & Street		City		State / Province & Country		Zip+4 / Postal Code	
(K) Current Residence address (if different from employment address):							
_____		_____		_____		_____	
Number & Street		City		State / Province & Country		Zip+4 / Postal Code	
(L) Telephone Numbers and e-mail address:							
( ) - ext		( ) -		( ) -		_____	
Business Phone		Cell Phone (optional)		Fax Line (optional)		e-mail address (required)	
<b>2. Individual's Acknowledgment &amp; Consent:</b>							
TO WHOM IT MAY CONCERN:							
I hereby authorize the Georgia Department of Banking and Finance to obtain criminal history data on the undersigned in his/her capacity as a director, officer, principal, owner, policymaker, manager, agent or employee of the above licensee/applicant. Also, pursuant to the provisions of Section 7-1-682 of the Official Code of Georgia Annotated, the Department is authorized to secure information from credit reporting agencies, former employers or others regarding character, ethical reputation and financial responsibility. Such information and any conviction data received by the Department shall be used by the Department for the exclusive purpose of carrying out the responsibilities of this article, shall not be a public record, shall be privileged, and shall not be disclosed to another person or agency except to any person or agency which otherwise has a legal right to inspect the file. In order to facilitate this inquiry, I understand that I must provide the information below. The Department will notify me if further information is required. Should the data show that a violation of Section 7-1-682 of the Official Code of Georgia Annotated exists, I understand that the Department may take the appropriate steps regarding the status of the license, as well as action against any person who does not qualify for employment under the law. <b>This authorization remains effective as long as I am employed in the money services business industry.</b> A copy of this authorization shall be accepted with the same force and validity as the original.							
Notary Seal Here		Date (MM/DD/YYYY) _____ Signed or attested before me: _____  on this _____ day of _____, (Date) (Month)			Signature of individual _____ by _____ Print individual's name _____ at _____ (Year) (State) (County)		
		Notary Public signature _____			Notary Appointment Expires (MM/DD/YYYY) _____		
<b>Individual's Acknowledgment &amp; Consent must always be completed in full with original, manual signature and notarization.</b> <b>Affix notary stamp or seal where applicable.</b>							

Applicant full legal name: \_\_\_\_\_ Individual's full legal name: \_\_\_\_\_

**3. Seller of Checks/Money Transmitter Employment Representation:**

To the best of my knowledge and belief, the *control person* is currently bonded where required, and, at the time of approval, this individual will be familiar with the statutes, regulations, and rules of the *State of Georgia* with which this application is being filed, and will be fully qualified for the position for which application is being made herein. I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application. I have provided the individual an opportunity to review the information contained herein and the individual has approved this information and signed the form.

by \_\_\_\_\_

Company Name \_\_\_\_\_

Signature of authorized party \_\_\_\_\_

Print Name and Title of authorized party \_\_\_\_\_

***Employment Representation must always be completed in full with original, manual signature.***

***Affix notary stamp or seal where applicable.***

**4. Residential History:** Starting with current address (item 1K), give all addresses for the past 10 years. (Attach additional sheets as necessary.)

From (MM/YYYY)	To (MM/YYYY)	Street Address	City	State or Province	Zip or Postal Code	Country

**5. Employment History:** Provide complete employment history for the past 10 years. Account for all time including full & part-time employments, self-employment, military service, and homemaking. Also include periods such as unemployed, full-time student, extended travel, etc. Indicate by "YES" or "NO" whether this employment was *financial service-related* business. (Attach additional sheets as needed.)

From (MM/YYYY)	To (MM/YYYY)	Employer (company name)	Position Held	City	State or Province	Country	YES or NO?

Applicant full legal name: \_\_\_\_\_ Individual's full legal name: \_\_\_\_\_

<p><b>6. Other Business:</b> Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non-<i>financial services-related</i> activity that is exclusively charitable, civic, religious, or fraternal and is recognized as tax exempt.) If YES, provide the following details: the name of the other business; whether the business is <i>financial services-related</i>; the address of the other business; the nature of the other business; your position, title, or relationship with the other business; the start date of your relationship; the approximate number of hours per month you devote to the other business; and briefly describe your duties relating to the other business. (Attach additional sheets as needed.)</p> <p><b>Details:</b></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p>	<p><b>NO</b></p> <p><input type="checkbox"/></p>
<p><b>7. Disclosures:</b> If the answer to any of the following is "YES", provide complete details of all events or proceedings in an attachment.</p>		
<p style="text-align: center;"><b>Financial Disclosure</b></p> <p>(A) Within the past ten years:</p> <p>(1) have you filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition?</p> <p>(2) based upon events that occurred while you exercised <i>control</i> over any organization, have any filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?</p> <p>(B) Has a bonding company ever denied, paid out on, or revoked a bond for you?</p> <p>(C) Do you have any unsatisfied judgments or liens against you?</p>	<p><b>YES</b></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><b>NO</b></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p style="text-align: center;"><b>Criminal Disclosure</b></p> <p>(D) Have you ever:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?</p> <p>(2) been <i>charged</i> with any felony?</p> <p>(E) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?</p> <p>(2) been charged with any <i>felony</i>?</p> <p>(F)</p> <p>(1) Have you ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: financial services</i> or a <i>financial services-related</i> business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses?</p> <p>(2) Are there pending charges against you for a misdemeanor as <i>described</i> in 7(F)(1)?</p> <p>(G) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a misdemeanor specified in 7(F)(1)?</p> <p>(2) been <i>charged</i> with a <i>misdemeanor</i> specified in 7(F)(1)?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

Applicant full legal name: \_\_\_\_\_ Individual's full legal name: \_\_\_\_\_

	YES	NO
<b>Regulatory Action Disclosure</b>		
(H) Has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> ever:		
(1) <i>found</i> you to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(2) <i>found</i> you to have been <i>involved</i> in a violation of a <i>financial services-related</i> regulation(s) or statute(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) <i>found</i> you to have been a cause of a <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an <i>order</i> against you in connection with a <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(5) denied, suspended, or revoked your registration or license, disciplined you, or otherwise by <i>order</i> , prevented you from associating with a <i>financial services-related</i> business or restricted your activities?	<input type="checkbox"/>	<input type="checkbox"/>
(6) barred you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in a <i>financial services-related</i> business?	<input type="checkbox"/>	<input type="checkbox"/>
(7) issued a final <i>order</i> based on violations of any law or regulations that prohibit fraudulent, manipulative, or deceptive conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(I) Have you ever had an authorization to act as an attorney, accountant, or State or federal contractor that was revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
(J) Are you now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 7(H) or 7(I)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Civil Judicial Disclosure</b>		
(K) (1) Has any domestic or foreign court ever:		
(a) <i>enjoined</i> you in connection with any <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(b) <i>found</i> that you were <i>involved</i> in a violation of any <i>financial services-related</i> statute(s) or regulation(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(c) dismissed, pursuant to a settlement agreement, a <i>financial services-related</i> civil action brought against you by a State, federal, or <i>foreign financial regulatory authority</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are you named in any pending <i>financial services-related</i> civil action that could result in a "yes" answer to any part of 7K(1)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Customer Arbitration/Civil Litigation Disclosure</b>		
(L) Have you ever been named as a respondent/defendant in a <i>financial services-related</i> consumer-initiated arbitration or civil litigation which:		
(1) is still pending; or	<input type="checkbox"/>	<input type="checkbox"/>
(2) resulted in an arbitration award or civil judgment against you, regardless of amount, or that required corrective action; or	<input type="checkbox"/>	<input type="checkbox"/>
(3) was settled for any amount?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Termination Disclosure</b>		
(M) Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations were made that accused you of:	<input type="checkbox"/>	<input type="checkbox"/>
(1) violating statute(s), regulation(s), rule(s), or industry standards of conduct?		
(2) fraud, dishonesty, theft, or the wrongful taking of property?	<input type="checkbox"/>	<input type="checkbox"/>

## APPLICATION FOR SALE OF CHECK OR MONEY TRANSMISSION LICENSE

*Applicant's* full legal name: \_\_\_\_\_

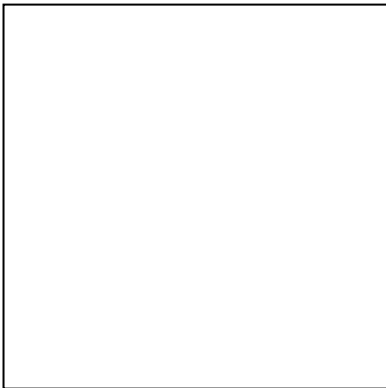
*Individual's* full legal name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Attach Passport Photo of Individual submitting MSB3.

Those photographs should meet the specifications established for passport photographs, and must have been taken within the past 12 months. Generally, passport photographs should meet the following criteria:

- Black and white or color photographs are acceptable.
- Outside dimensions should be about 2 x 2 inches.
- The photo should be taken against a plain light-colored background without shadows.
- A full front view of the subject's head is required. The subject should not be photographed wearing a head covering. The image should be centered in the photo and the face length from chin to crown of head should be between 1 inch and 1 3/8 inches.





## APPLICATION FOR SALE OF CHECK OR MONEY TRANSMISSION LICENSE MSB4-NON-U.S. CITIZEN SUPPLEMENTAL INFORMATION

If you are **NOT** a United States citizen, please provide the following:

1. Name: \_\_\_\_\_
2. Visa Type and Number: \_\_\_\_\_
3. Passport Type and Number: \_\_\_\_\_
4. National or Alien Identification Number(s): \_\_\_\_\_
5. Other Identification Number(s) (**Please indicate the type of identification numbers listed**):  
\_\_\_\_\_  
\_\_\_\_\_

If you are exempt from holding a visa, please explain why:

6. Mother's maiden name: \_\_\_\_\_

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### **Instructions:**

Documents presented in a language other than English should be translated into English and duly certified by the translator to be true and accurate.

If you are unable to secure certified statements from the government of your country, a statement from the government attesting that it will not issue certificates or sworn statements should be submitted. However, if not available from the government, a certification from the United States Embassy Secretary or Consular Agent attesting that the government does not or will not issue certifications or sworn statements will be sufficient.

A United States Embassy Secretary or Consular Agent in the foreign country must certify each final copy and statement to be submitted with this application.

GEORGIA DEPARTMENT OF BANKING AND FINANCE  
2990 BRANDYWINE ROAD, SUITE 200  
ATLANTA, GEORGIA 30341-5565

SALE OF CHECKS OR MONEY TRANSMISSION

Bond No. \_\_\_\_\_

B O N D

Amount \$ \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, That

\_\_\_\_\_  
(Name of Applicant/Principal)

\_\_\_\_\_  
(Business Address of Applicant)

of the City of \_\_\_\_\_, County of \_\_\_\_\_, and State of \_\_\_\_\_

as principal, and \_\_\_\_\_ of the City of \_\_\_\_\_,  
(Name of Surety)

County of \_\_\_\_\_, State of \_\_\_\_\_, as surety, are held and firmly bound unto the State of Georgia for the use and benefit of the State and of any claimant against the Principal or his agents in the principal sum of \_\_\_\_\_ Dollars (\$\_\_\_\_\_), for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally by these presents.

WHEREAS, the above named principal has applied to the Georgia Department of Banking and Finance for a license to engage in the business of transmitting money or selling and issuing checks in this State, whether through its own acts or the acts of any employee or agent of the principal under Official Code of Georgia Annotated ("O.C.G.A.") § 7-1-680 through 692, as amended. NOW, THEREFORE, the condition of the foregoing obligation is such that if the Principal obligor shall comply with the provisions of the O.C.G.A. § 7-1-680 through 692, as amended, all regulations duly promulgated thereunder, and all other laws applicable to the conduct of its business, and shall pay any and all monies that may become due and owing to the State of Georgia that shall include, but not be limited to monies owed for fees, fines or penalties under and by virtue of the provisions of O.C.G.A. § 7-1-680 through 692, as amended, or the Rules of the Department of Banking and Finance, and shall pay any and all monies that may become due and owing any person due to the violation of any such laws and regulations by the Principal through its own acts or the acts of any agent of the Principal, then this obligation will be void: otherwise the same will remain in full force and effect.

This obligation is issued under and is governed by O.C.G.A. §§ 7-1-680 through 692 and the obligations of the surety shall be those therein set forth.

This bond becomes effective as of \_\_\_\_\_, 20\_\_\_\_\_, in support of any license issued to Principal by the Georgia Department of Banking and Finance. This obligation may be continued by appropriate license renewal certificate issued for subsequent years. Pursuant to O.C.G.A. §7-1-686(c), this bond may not be canceled by either the licensee or the corporate surety except upon notice to the Department of Banking and Finance by registered or certified mail with return receipt requested, the cancellation to be effective not less than 30 days after receipt by the Department of Banking and Finance of such notice and only with respect to any breach of condition occurring after the effective date of such cancellation.

Provided further that regardless of the number of years this bond remains in force or the number of premiums paid, the total aggregate liability of the Surety shall not exceed the principal amount of the bond required to be maintained by the Principal in order to keep its license.

By signing below, the Principal hereby agrees to the release of the payment status of fines assessed by the Department of Banking and Finance to the Surety. Such disclosure by the Department of Banking and Finance to the Surety shall be limited to whether the Principal has paid any fines assessed in full as of the date of request. The Department of Banking and Finance shall be entitled to rely on a copy of the release signed by the licensee when releasing such information.

WITNESS WHEREOF, the parties hereto have hereunto set our hands and affixed our seals this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_(SEAL)  
Principal

By: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_(SEAL)  
Surety

By: \_\_\_\_\_

Title: \_\_\_\_\_



**DEPOSIT IN LIEU OF SURETY BOND**  
**SECTION 7-1-680-692 SALE OF CHECKS**

THIS CONTRACT AND AGREEMENT, entered into in triplicate this \_\_\_\_\_ day of \_\_\_\_\_,  
A.D. 20\_\_\_\_\_, between \_\_\_\_\_  
a \_\_\_\_\_  
(corporation)

organized under the laws of the state of \_\_\_\_\_ and doing business in the State of Georgia,  
hereinafter called the first party, and STATE OF GEORGIA, hereinafter called the second party.

WITNESSETH:

WHEREAS, the said party of the first part is subject to the law regulating the sale or issuance of checks,  
drafts, money orders, or other instruments for the transmission or payment of money, (Section 7-1-680, et.  
seq., O.C.G.A.), and

WHEREAS, said law provides for the deposit of securities with a value equal to the amount of a surety  
bond required in lieu thereof, and

WHEREAS, said law provides that the first party may deposit with the Department or a bank or trust  
company located in this State, as such applicant may designate and the Department may approve bonds,  
notes, debentures, or other obligations of the United States or any agency or instrumentality thereof, or  
guaranteed by the United States, or of the State of Georgia, or of a municipality, county, school district, or  
instrumentality of the State of Georgia or guaranteed by this State, to an aggregate amount, based upon  
the principal amount or the market value, whichever is lower, of not less than the amount of the required  
corporate surety bond or portion thereof, and

WHEREAS, the Commissioner, Department of Banking and Finance has agreed to accept a deposit of  
securities in lieu of a surety bond and has agreed that \_\_\_\_\_,  
a banking association with its principal place of business in \_\_\_\_\_, Georgia, is qualified to  
act as Custodian.

NOW, THEREFORE, in consideration of the premises, the party of the first part deposits with  
\_\_\_\_\_ the following securities:

<u>DESCRIPTION</u>	<u>PAR VALUE OR MARKET VALUE, WHICHEVER IS LOWER</u>
--------------------	------------------------------------------------------

## CASH DEPOSIT IN LIEU OF SURETY BOND

### SECTION 7-1-680-692 SALE OF CHECKS

THIS CONTRACT AND AGREEMENT, entered into in triplicate this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between \_\_\_\_\_ (corporation)

organized under the laws of the State of \_\_\_\_\_ and doing business in the State of Georgia, hereinafter called the first party, and STATE OF GEORGIA, hereinafter called the second party.

#### WITNESSETH:

WHEREAS, the said party of the first part is subject to the law regulating the sale or issuance of checks, drafts, money orders, or other instruments for the transmission or payment of money, (Section 7-1-680, et seq., O.C.G.A.), and

WHEREAS, said law provides for the deposit of securities with a value equal to the amount of a surety bond required in lieu thereof, and

WHEREAS, said law provides that the first party may deposit with the Department or a bank or trust company located in this State, as such applicant may designate, and the Department may approve bonds, notes, debentures, or other obligations of the United State or any agency or instrumentality thereof, or guaranteed by the United States, or of the State of Georgia, or of a municipality, county, school district, or instrumentality of the State of Georgia, or guaranteed by this State, to an aggregate amount, based upon the principal amount or the market value, whichever is lower, of not less than the amount of the required corporate surety bond or portion thereof, and

WHEREAS, the Commissioner, Department of Banking and Finance has agreed to accept a deposit of securities in lieu of a surety bond and has agreed that such securities may consist of time certificates of deposit evidencing deposits in one or more financial institutions whose deposits are insured by the Federal Deposit Insurance Corporation provided the aggregate principal amount of such certificates of deposit issued by any single financial institution and subject to this agreement is fully insured under such federal deposit insurance programs, and whereas, the party of the first part in executing this agreement certifies that it will not at any time during the term of this agreement have on deposit at any financial institution issuing certificates of deposit which are the subject of this agreement an amount in excess of the aggregate amount per depositor that may be legally insured under such federal deposit insurance programs, and

WHEREAS, the Commissioner, Department of Banking and Finance has agreed that \_\_\_\_\_, a banking association with its principal place of business in \_\_\_\_\_, Georgia, is qualified to act as Custodian.

NOW, THEREFORE, in consideration of the premises, the party of the first part deposits with \_\_\_\_\_ the following certificates:

#### DESCRIPTION

#### FACE VALUE, MATURITY DATE

(This Page is applicable for either Agreement in Lieu of Bond you choose.)

The parties further agree hereto:

1. Subject to the provisions herein contained, these securities are deposited for the use and benefit of the State of Georgia and any creditor of the party of the first part for any liability incurred on any checks issued by said first party under and by virtue of the aforesaid provisions of law.
2. The securities deposited may be exchanged from time to time for other securities of an equal par value that qualify under the provisions of law relating to this deposit, such substituted securities to be with joint approval of the parties, provided however, that the aggregate principal amount or market value whichever is lower, of all securities deposited shall not be less than the amount of the required corporate surety bond or designated portion thereof.
3. All interest or dividends on all securities deposited shall be payable to or in accordance with the instructions of the party of the first part, unless and until the party of the second part gives contrary notice to the custodian, which notice shall be in writing and supported by a certified copy of an order of competent jurisdiction which order by its terms prohibits receipt by said first part of such interest or dividends.
4. All the securities deposited under the terms of this agreement shall be under the exclusive control of the party of the second part who shall have the right from time to time to order the custodian to sell or otherwise dispose of any securities and to convert the same into cash and to pay and deliver any securities and cash to said party of the second part, all such instructions, however, from the party of the second part shall be in writing.
5. If the party of the first part will faithfully conform to and abide by the provisions of the aforesaid statutes and will honestly and faithfully apply all funds received and perform all obligations issued and sold under the aforesaid statute and will pay to the State and to any person entitled thereto all money that becomes due and owing to the State or to such person under the provisions of the aforesaid statutes because of any checks or other instruments issued or sold in this State by said first party under and by virtue of the provisions of the aforesaid statutes, then the party of the second part shall have no further right in or claim to the securities deposited.
6. This agreement is executed in triplicate, one copy to be kept by each of the parties hereto and one copy to be kept by the custodian.

Signed, sealed, and delivered in triplicate this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
By: \_\_\_\_\_  
(Title)

\_\_\_\_\_  
Commissioner, Department of Banking and Finance  
State of Georgia

\_\_\_\_\_, Custodian, hereby acknowledges receipt of the securities described in the foregoing agreement and covenants and agrees that the same will be held by it for the purposes and subject to the terms and conditions of said agreement, but reserves the right to resign as custodian by giving thirty (30) days written notice to the signers of the agreement.

\_\_\_\_\_  
Date \_\_\_\_\_ By: \_\_\_\_\_  
(Title)

*Georgia Department of Banking & Finance  
2990 Brandywine Road, Suite 200  
Atlanta, Georgia 30341*

**STATE MONEY TRANSMITTER LICENSE CONFIRMATION REQUEST**

**Applicant Name:**

**Applicant City, State:**

**Name as Licensed in \_\_\_\_\_:**  
(State)

The Georgia Department of Banking and Finance is in the process of investigating an application submitted by the above company to obtain a Georgia money transmitter license. The application indicates that the applicant is licensed in your state. We request that you provide the following information so that we may complete our investigation of the applicant:

- 1) What type of license does the above company currently hold in your state? What is the status of the license (expiration date)?
- 2) Have there been any complaints filed against the company in the last 3 years? If yes, please give the number of complaints and the nature of these complaints.
- 3) Has your state taken any disciplinary/enforcement action against the applicant? If yes, please identify type of action, date of action, and disposition of action.
- 4) Please state the date of the most recent examination of the licensee conducted by your Department and indicate the ratings of the examination.
- 5) Please make any other pertinent comments about the licensee if applicable.

Name/Title of State Official Completing Form: \_\_\_\_\_

Agency Name and Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

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**Please complete and return this form directly to:** Non Depository Financial Institutions Division  
Money Service Businesses Unit  
Georgia Department of Banking and Finance  
(770) 986-1639 -Telephone  
(770) 986-1655 - Fax  
[dbfcorp@dbf.state.ga.us](mailto:dbfcorp@dbf.state.ga.us) - e-mail

\_\_\_\_\_ is hereby authorized to furnish the Georgia Department of Banking and Finance with  
(Name of State)  
the above requested information regarding the above applicant and any affiliated companies.

\_\_\_\_\_  
(Name and Title of Authorized Officer of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Authorized Officer)